

MEMORANDUM FOR: All OTR Unit Chiefs

STATINTL

FROM:

[REDACTED]
Chief, Plans and Resources Staff

SUBJECT:

Documents Forwarded to or from Field
Stations, Based on OTR Requirements

1. A DDA Task Force named CRAFT, Clandestine Records Application Field Terminal, is seeking to identify items that result in paper flow to, from, and between field stations. This action is being taken preparatory to determining what would be involved in automating correspondence to field stations and bases.

2. OTR has been asked to participate in this exercise and to identify paperwork, correspondence, reports, etc., which are generated because of regulations/requirements peculiar to OTR.

3. Please complete the attached form identifying all OTR correspondence/reports peculiar to OTR and forward the completed forms to C/PRS by 4 November 1977. It will be necessary to duplicate the attached forms in order to report separately on each type of correspondence applicable to your unit.

[REDACTED] STATINTL

Attachment

Distribution:

- Orig & 1 - Each OTR Unit Chief
- 2 - OTR/PRS
- 1 - TAP

OTR/PRS/[REDACTED] (31 Oct 77)

STATINTL

1. Identify report, correspondence, regulation, data, etc. by name and briefly describe purpose.

2. Prepared by:

_____ Headquarters (Name Component _____)
_____ Field station (all stations _____, only class _____, only
stations in _____ Division)
_____ External (covert asset _____, liaison _____, other U.S. Agency _____)

3. Destination:

_____ Headquarters (Name Component _____)
_____ Field station (all stations _____, only class _____, only
stations in _____ Division)
_____ External (covert asset _____, liaison _____, other U.S. Agency _____)

4. Source of requirement:

_____ Legal (U.S. Law)
_____ Regulation
_____ Notice
_____ Instruction
_____ Agreement (describe) _____
_____ Special (describe) _____
_____ Operational development
_____ Other (specify) _____

5. Type of information conveyed:

_____ Primarily narrative
_____ Narrative and numeric
_____ Primarily numeric
_____ Other (specify, e.g. photo) _____

1

S E C R E T
(When filled in)

2. IMPORT CL BY 219281

6. Sensitivity:

☐ Routine
☐ RYBAT
☐ P&L
☐ Special Clearance (codeword, etc.)

7. Format:

☐ Free
☐ Prescribed
☐ Preprinted form

8. Frequency of preparation:

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually	

9. Mode of transmission:

☐ Pouch
☐ Telepouch
☐ Cable

10. Page size:

<input type="checkbox"/> 8-1/2 x 11	<input type="checkbox"/> Card
<input type="checkbox"/> 8-1/2 x 14	<input type="checkbox"/> Other(specify) _____

11. Average message length:

<input type="checkbox"/> 1-2 pages	<input type="checkbox"/> 9-10 pages
<input type="checkbox"/> 3-4 pages	<input type="checkbox"/> 11-25 pages
<input type="checkbox"/> 5-6 pages	<input type="checkbox"/> other(specify) _____
<input type="checkbox"/> 7-8 pages	<input type="checkbox"/> Highly variable

12. Mode of retention:

☐ Paper
☐ Film
☐ Digital

13. Automated system in which currently processed and/or stored, if any. Specify system by name. _____

14. Desired time of retention at Headquarters:

<input type="checkbox"/> 2 weeks or less	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 1 month	<input type="checkbox"/> 7-12 months
<input type="checkbox"/> 2-3 months	<input type="checkbox"/> Other (specify) _____

15. Desired time of retention in the Field:

<input type="checkbox"/> 2 Weeks or less	<input type="checkbox"/> 7-12 months
<input type="checkbox"/> 1 month	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> 4-6 months	

16. Foreign text:

☐ Usually
☐ Occasionally
☐ Never

17. Frequency of access by Headquarters:

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually
	<input type="checkbox"/> Other (specify) _____

18. Frequency of access by the field (station personnel____, covert asset____, liaison____, other Agency____):

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Semiannually
	<input type="checkbox"/> Annually
	<input type="checkbox"/> Other (specify) _____

OFFICIAL ROUTING SLIP

NO.	NAME AND ADDRESS	DATE	INITIALS
1	Deputy Director for Administration		
2			
3			
4			
5			
6			

<input type="checkbox"/> ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/> COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/> CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE

Remarks: Attached are copies of the S&I Staff's report on [REDACTED] the Agency's training program. We request that the report be reviewed and that comments be prepared and forwarded to this office by COB Friday, 8 April 1977.

We suggest that your comments be focused on pointing out errors of fact, if any, and on those areas in which you disagree with the S&I Staff's interpretations, conclusions, and recommendations. With respect to the latter, comments we send to the House Appropriations Committee on the report will be considerably strengthened by relatively detailed treatment of our reasons for disagreement. I gave the report a rather superficial review over the weekend and am now going through it again in

(Over)

FOLD HERE TO RETURN TO SENDER

AND PHONE NO.	DATE
C/AG/O/Compt.	4/4/77
UNCLASSIFIED	CONFIDENTIAL
	SECRET

FORM NO. 1-67 237 Use previous editions

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